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THE ECONOMIC HISTORY REVIEW

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THE MEDICAL PROFESSIONS IN THE EIGHTEENTH CENTURY

By BERNICE HAMILTON

DURING the eighteenth century there were two important developments in the medical profession. The first—of less concern to the social historian—was a revolution in science and training which came to England from Leyden and Edinburgh and was disseminated through private and hospital teaching. The second was a growth of professional feeling, which led to a struggle for improved status and for reform of the profession. As a result of these two movements and of the great expansion of the middle classes during the century, by 1800 the professional scene of a hundred years before had been completely transformed: the apothecaries, once mere tradesmen and the ‘servants of the physician’, had become practising doctors; the surgeons had dissociated themselves from the barbers, and the ‘pure’ or hospital surgeon had become a specialist of high reputation; while the physicians, originally few in numbers and of good social position, had received an influx of hard-working middle-class graduates from Leyden and Edinburgh. All types met in the wards of the London and provincial hospitals. Professional honour, etiquette and status were now matters of the liveliest debate; and by the end of the century a man could achieve social standing as well as reputation through his profession. In 1660 a physician was a gentleman, while apothecaries and surgeons were mere craftsmen; by 1800 it is possible to see them all as part of the new professional classes.

Robert Masters Kerrison, writing in 1814 on behalf of the apothecary as a general practitioner, analyses the change as follows:¹

The state of the Society at the establishment of the Royal College of Physicians was widely different from what it is at present. The ancient nobility, and a few rich citizens, constituted one class of persons; while the servants and dependents of the former, added to the workmen and labourers of the latter, formed another

¹ *Observations and Reflections on the Bill* (1815), pp. 17–19. (Unless otherwise stated, the place of publication of all pamphlets is London).

class. The noble and wealthy could afford to fee their Physicians; and it was not usual, in those days, to legislate for the wants and convenience of others.

The progress of commercial prosperity, since that time, has so greatly multiplied, that it may be almost said to have created a third, which is now the most numerous class of people—the middle order of society.... One effect of this augmentation of the middle orders of the community was a proportionate increase of sickness, amongst people, who were unable to procure medical aid, by feeing Physicians as often as their situation required professional care, and the Members of the Royal College of Physicians, having made no diminution in their accustomed fee, to meet the actual wants of persons in this class of society, they were compelled to resort to others for advice.

The rise of the professions is on the one hand the story of organized corporations and on the other of individuals or groups struggling for recognition. Like the guilds and trading companies, the eighteenth-century professional organizations fought to maintain or enlarge their monopolies, to secure legal definitions of their rights and privileges, and to prevent too many members rising from the 'journeyman' class. Battles occurred between old-established organizations and excluded groups, and every crisis in development was accompanied by a flood of pamphlets reflecting the clash in aims and ideas. Towards the end of the period flamboyance and invective vanish, and their place is taken by sober reasoning, the collection of facts, and appeals to the public interest.

I. THE PHYSICIANS

In the field of physic the entrenched powers were the College of Physicians and the English Universities. The College's monopoly of attendance on the sick had been challenged very early. In the late sixteenth and early seventeenth centuries the surgeons, illegally prescribing 'inward medicines' (and thus groping towards the idea of the surgeon-apothecary or general practitioner) were the chief competitors; but by 1632 the physicians were already petitioning the Star Chamber against the apothecaries' overstepping their functions of compounding medicines by altering or writing prescriptions. The increasing number of apothecaries in practice led to the Dispensary Dispute and the Rose Case.¹ Then in the eighteenth century, London and the provinces were invaded by graduates of Leyden, Edinburgh and other 'foreign' universities, who had either not been examined by the College at all, or were members of its 'journeyman' or licentiate class, excluded from the government of their professional organization.

The licentiates claimed that they had formerly qualified for fellowships after seven years, but certainly by the early part of the eighteenth century only graduates of Oxford, Cambridge and Trinity College, Dublin, could become candidates for the fellowship examination. This automatically excluded the numerous dissenters. The number of licentiates was increasing, and many of them had good private practices or hospital appointments. Meanwhile the tide of medical education and progress had left the College

¹ See § III, The Apothecaries, p. 163 *infra*.

and the English universities high and dry, and the licentiates knew that their medical, if not their general, education was as good as that of the fellows. The influx of physicians and surgeons from Scotland, where the general practitioner was the rule, encouraged the licentiates in their refusal to be relegated permanently to a lower caste. They began to complain that the fellows monopolized not merely the government of the College but the plums of the profession for themselves and their protégés.

Christopher Stanger, describing the advantages of a Fellowship, writes:¹

From the operation of the College monopoly, a prejudice is diffused that its members, if not the only real physicians in London, are, at least, greatly superior in education, learning, and skill, as well as rank, to those whom they can only tolerate.... Apothecaries naturally prefer those who confer, and who can extend to them, the privilege of acting as physicians, to a subordinate class, only practising by permission, whom they are encouraged to consider scarcely raised above themselves.... In consequence of a community of interests, a combination of influence and uniformity of system, they (i.e. the Fellows) have also got possession of the most lucrative and dignified appointments and situations in the profession.... (the Fellows are) equally zealous in advertising each other, in private practice, in preference to the licentiates.

But a pamphlet from the side of the College complains that none of the important posts (for example, the charge of army hospitals) is offered to 'Gentlemen from our own Universities', adding that:

Those who are Gentlemen by birth and education, are perhaps incapable of the servile Methods of insinuating Artifices made use of daily by the FOREIGN Gentry, whose Necessities to gain *Preferments* may be great, and whose Compliances (probably the Result of a low Education) no man of Spirit can, or ever will condescend to submit to. Not to mention that one Condition perhaps of their obtaining those *Places* is, that Half their Salary be paid to their Patron's Friends....

The case of the licentiates was that the hierarchy of the College was illegal since it had no right to go beyond its own charter. There was no mention of fellows in the original charter,² none, in fact, until the unconfirmed charter of King Charles II—156 years after the foundation of the College—which stated that there should be forty fellows, without, however, laying down any educational qualification. The College replied that a by-law of 1555, no longer in existence, divided the members into fellows, candidates and licentiates. The licentiates pointed out that the physicians who originally petitioned for the charter were not graduates of English, but of foreign universities, and one of them was even a

¹ *A Justification of the Right of Every Well-Educated Physician...* (1798), pp. 10-14.

² Cf. for example, Samuel Ferris, M.D., *A General View of the Establishment of Physic as a Science* (London, 1795) and Stanger, *op. cit.* However, both the licentiates and the College omit to mention the Act of 32 Henry VIII, c. 40, which refers to 'The Corporation of the Commonalty and Fellowship of the Science and Faculty of Physic in your City of London, and the commons and Fellows of the same'. This must have been forgotten by the College, who would otherwise not have been forced to refer to the missing by-law of 1555.

foreigner by birth; it was thus doubly unlikely that they would have made laws excluding themselves. In 1676, however, Charles II sent a mandatory letter to the College forbidding them to admit men who had neither studied at, nor been incorporated by, Oxford or Cambridge. This was a political measure,¹ and had, in any case, no legal authority; but the College had acted on his letter, and during the eighteenth century such distinguished physicians as Mead, Akenside and Sloane had to get themselves incorporated. In 1721 the College tried to persuade Oxford to be more cautious in granting honorary degrees.²

Efforts had been made inside the College to break down this monopoly. In 1750 there was an attempt³ to bring in 'foreign' graduates, which was thrown out in the third committee. But it was naturally the licentiates themselves who were most concerned to improve their status. In 1752 a 'North British graduate' (Clephane) went to the College to be admitted, and after paying his fees he was by accident formally admitted as a licentiate before he had signed the usual bond guaranteeing to pay the annual dues. He therefore refused to sign, and complained to the President of the high admission fees, which he asked to have refunded. Despite the President's formal refusal, an action against the beadle brought a refund of £33. 6s. 8d., which left the doctor a licentiate without his having paid the admission fees. This encouraged⁴ the licentiates to draw up their *Memorial* of November, which included the following grievances:

Exclusion from the Comitia Majora, and hence from voting on College business.

Exclusion from offices of trust and honour.

The exaction of high fees, with no privileges offered in return.

A tax of forty shillings levied annually on them alone, and a bond illegally demanded to compel payment.

They had asked for a conference with some of the fellows, but the College refused, and this led the licentiates to 'inquire into the constitution'. This was not easy, since many of the statutes were not readily accessible and some by-laws did not even exist in writing.⁵ Meanwhile,

¹ 'At the period when this was written, the dread of papists and disaffected persons was so great that, in order to keep them out of the corporate bodies and places of trust, many similar arbitrary and illegal measures were directed and adopted.' *The Case of the Licentiates against the College of Physicians* (n.d.—last decade of the eighteenth century), p. 10.

² Samuel Ferris, op. cit. pp. 119–20; *A Letter from a Physician in Town* (Anon.), p. 20; Stanger, op. cit. pp. 83–4; MSS. Annals of the College, vol. VIII, 170. Cf. also vol. IX, p. 86, for an occasion when the initiative came from Cambridge.

³ Not recorded in the Annals.

⁴ They assumed that it was proof that 'the demands of the College were not so well founded as had been hitherto supposed; why else was the money so tamely repaid?' *A Letter from a Physician in Town...*, p. 46. In fact it was merely the admission by the College of a technical error.

⁵ Cf. Ferris, op. cit. pp. 63, 66, 74 and 90; Wells, *A Letter to Lord Kenyon*, p. 128. For example, the Statute *De Candidatis* of 1752, which 'explained a previous by-law', and for the first time made explicit the exclusion of the licentiates, was not actually published as a by-law until 1765.

the tone of the College towards the licentiates changed; in the same year (1752) the summons to meetings became more peremptory, and at the first meeting the debatable statutes *De Candidatis* and *De Permissis* were read aloud. After 1765 the licentiates were not summoned to the Comitia at all, and there was a strong rumour that Latin examinations were no longer to be obligatory for licentiates (which would have definitely lowered their status).

A further attempt of several licentiates to obtain refunds of admission fees or annual dues was defeated by the beadle's pleading the Statute of Limitations. In 1767 the Society of (Licentiate) Physicians was formed to defend their interests, and they continued to test their legal right to be admitted to the government of the College, but were in every case defeated by minor technical errors and the attitude of the courts.¹ On 25 June 1767, ten licentiates attended the Comitia unsummoned, and Sir William Browne dissolved the meeting. On 24 September twenty of them, finding the College gates shut, sent for a locksmith and forced their way into the Comitia—the 'riotous assault'. On 30 September they were denied admittance and presented a letter claiming the right to vote in the election of officers. Browne resigned in face of this 'inhuman violence' on the part of those who had taken degrees from *nudis pauperibusque metriculis academiis* which were ready to sell their honour at a paltry price to any man.²

Sir Fletcher Norton and others gave the opinion that on application to the King's Bench the licentiates would be declared qualified to become fellows. They therefore subscribed liberally, no one giving less than £50 towards the campaign, some £100, and Hunter and Fothergill £500. They then brought a suit of illegal election against the new censors,³ since they were chosen by a select body and not by the whole College. The election was found legally valid but Lords Mansfield and Ashton both criticized the College's use of its powers and advised a revision of the statutes. Encouraged by this, on 25 June 1768, twenty-four licentiates sent identical letters asking to be admitted as fellows. They received replies refusing.

¹ This is well illustrated from the tone of Erskine's remarks in the Stanger Case: 'Setting aside the main improbability, that members of a learned body could league themselves in a conspiracy so base and so scandalous, as to refuse to examine a man proposed to them by one of their own order, under their own laws, from a professional jealousy, lest they should be eclipsed by that person...' (*An Account of the Proceedings of the Licentiates*, p. 277).

² Dr Pulteney, in 1764, is said to have been the last to graduate in Edinburgh by examination without residence, and the public protests of the students showed the desire for reform. Only Aberdeen and St Andrews continued the 'traffic', and in 1774 Cullen tried hard to reform the practice of these two remaining universities. (Glasgow had followed the example of Edinburgh and reformed itself.)

³ A similar action had been brought in the late seventeenth century by a Dr Greenfield or Groenevelt, a naturalized Englishman, whose case is set out in two pamphlets: *Reasons for Excluding the Four Censors of the College of Physicians* (n.d.) and *The Late Censors Deservedly Censur'd*, by Lysiponius Celer, M.D. (1698).

Fothergill and Archer then tried to compel the College, as a test case, to admit them. On 17 November writs of Mandamus were obtained, but the case failed. The legal decision carried the same recommendation as Mansfield's judgement of the same year; and partly as a result of Fothergill's case, two new by-laws were framed by the College in 1771:

(1) A Licentiate of seven years' standing, who has completed his 36th year, may be proposed by a Fellow, on one particular day of the year, to be examined; and if approved by a majority of members present, he may be examined at the three subsequent...comitia majora of the College; and if approved by a majority at each, he may be proposed at the next comitia majora to be admitted a member; and if then likewise approved by a majority of those present, he may be admitted into the College, provided neither any law of the land, nor any statute of the College, render him ineligible.

(2) The president may, once in two years, and not oftener, propose a Licentiate (who has been ten years of that class, and previously approved by the majority at the preceding comitia minora, or lesser assembly) for admission into the fellowship, at the comitia majora, or greater assembly, on one particular day of the year; and if he be then approved by a majority, he may be admitted into the community.

Despite their illiberal nature¹ the by-laws kept the College on the right side of the law, and also succeeded in splitting the ranks of the licentiates, though very few were actually admitted under the by-laws. Stanger calculated that in his time six licentiates had been admitted as candidates for a fellowship under the president's by-law, and none under the other. In 1771 three Scottish graduates, licentiates but not from the rebel ranks, were admitted as fellows. Sir William Browne then proposed Fothergill; the voting was 13-9 against his election. Even the second by-law was sometimes suspended for several years. When Wells wrote his *Letter to... Lord Kenyon* in 1799 no licentiate had been admitted under it for six years. This was at a time when the medical profession was expanding at an unprecedented rate. Dr Wells himself, who made application in 1797 under the first by-law, was disqualified by a succession of technicalities. Another famous application was that of Dr Stanger in 1795; warned by Fothergill's failure he applied for admission not on the ground of his licence, but as a *general right*. Twice refused, the first time on a technicality, he took the case to the courts; but Lord Kenyon finally decided in favour of the College, saying that the by-laws, taken together, were reasonable, *though better might be found*, and though he thought that fit and proper people should not be refused.²

In the pamphlet warfare of more than half a century the fellows stand out as champions of the English universities and of property qualifications for all governing bodies; they regard the licentiates as democratic (i.e.

¹ These by-laws were not the first by which, technically, an occasional licentiate might become a fellow, but they were more severe than those of 1765 and 1768. The president had the right at one time to propose two licentiates annually, cf. Ferris. op. cit. pp. 125-6.

² *An Account of the Proceedings of the Licentiates*, by Christopher Stanger, M.D. (1798), p. 492.

subversive) and unpatriotic. It was difficult at that time to defend medical education at Oxford or Cambridge, and the College pamphleteers confine themselves¹ to pointing out that most teachers and pupils either studied at foreign universities in addition, or walked the London hospitals. The learned counsel who handled the questions in dispute, knowing less of university conditions, are less cautious. 'There is no want of instruction in the science of physic at Oxford or Cambridge', says Gibbs firmly, and Lord Kenyon, who was not a graduate of either university, summed up a case by saying that the superior learning of the English universities could not be disputed.² The real point at issue was whether the education of a gentleman was necessary to a physician, or merely ornamental. Thomas Withers, M.D., Physician to the York County Hospital,³ has no doubt about it:

The character of a physician ought to be that of a gentleman, which cannot be maintained with dignity but by a man of literature.... If a gentleman, engaged in the practice of physic, be destitute of that degree of preliminary and ornamental learning, which is requisite... if he do speak on any subject either of history or philosophy, is immediately out of his depth... which is a real discredit to the profession.

The fellows are on firmer ground in dealing with the antiquity of university privileges; these exist in every profession, they are ancient and therefore worthy of respect. The most amusing comment, however, is that of Warren, the counsel for the College in the case of Stanger,⁴ who complains:

When we consider what a University life is, notwithstanding the little dissipation that may render it more pleasurable than formerly, who will live that sort of life, if there is to be no privilege conferred by the degree he is to get? There is nobody will do it; and then perhaps, in another age, we may look at these universities as venerable ruins.

The College strongly attacks the bad education and low birth of the licentiates, and their 'democratical and levelling spirit'.⁵

To this the most spirited reply is that of Dr Wells:

Upon what ground [he writes] the college charged the Licentiates with being disaffected to the constitution of their country, I know not. It is clearly no proof of their being so, that they appealed to the Court of King's Bench, for a rigid execution of a charter, which had issued from the most tyrannic prince of the despotic house of Tudor; or that they founded their title... upon the interpretation given to that charter, by... Earl Mansfield, certainly no friend to levelling principles, or to seditious combinations of men.

¹ Cf. inter alia, *Remarks on Some Late Animadversions of a Licentiate* (1768), pp. 5-6 by *Cantab.*, and *A Letter from a Physician in the Country* (1753).

² *An Account of the Proceedings...*, pp. 303, 464.

³ *A Treatise on the Errors and Defects of Medical Education*, by Thomas Withers, M.D. (York, 1794, written about 1774).

⁴ *An Account of the Proceedings...*, pp. 207, 274, 330, 470-1.

⁵ Ferris, op. cit., Prefatory address, p. xiv.

Such a spirit of sedition was only to be expected from persons of low education, and education at foreign and Scottish universities was of dubious value. At Leyden, for example, the course was supposed to consist in attending anatomy lectures, etc., for four years, after which a Latin thesis had to be defended against a Professor of Physic, and an examination passed. But:

a thesis may be bought of some or other of the Professors there for about Two Guineas, and in the Defence of it be prompted into the Bargain. At Hall (Halle) this is even more open. The Professor Frederick Hoffman published several hundred (!) theses: 188 are noted to be of his own composing...there is one Way of giving Degrees which is discretional in all Universities: that is, sending Diplomas abroad, to people who never come near the Universities; and the licentious Use the *Scotch* Universities (without Exception) make of this is too notorious to need farther mention.¹

It is amusing to observe that while the College wishes to confine its ranks to the well-born by excluding the licentiates, some of the latter feel that the collegiates do not act as gentlemen because of their middle-class origins:

So many gentlemen of great figure and independent fortune embrace the profession of law, that it is natural to infer that greater liberality exists in its government...Physicians in this country are almost universally taken from the middle ranks of men. They cannot therefore be expected to conduct themselves, as a body, in the same liberal manner as the members of the profession which contains a number of persons of high birth and large hereditary fortunes.²

With regard to the English universities, the licentiates declare that at Oxford and Cambridge there are 'no patients, no clinical Lectures, which are the *sine qua non* of a medical Education'.³ It is the science itself which is important, and not the place where it is taught. 'Medical science must be courted where she resides: with Boerhaave, in Holland; in Germany, with Haller; or with Cullen, in Edinburgh',⁴ and 'if medical knowledge were known to flourish even in China, a British subject educated in such University ought to meet with every possible encouragement on his return'.¹ Quite apart from the lack of medical education, the English universities are unsuitable because:⁵

Seclusion from the world in early life, under the inspection of the dignitaries and elders of the church, may be a proper precaution in the education of persons destined to perform the sacred functions of religion. But do any of these grounds apply in such a degree to students of physic, as to entitle Oxford or Cambridge to monopolize...the education of physicians?...The great object of his (the physician's) investigations...disease in its various forms is rarely to be met with in secluded colleges.

¹ *A Letter from a Physician in the Country*, pp. 14-16.

² Wells, op. cit. p. 13.

³ *Some Animadversions of a Licentiate*..., quoted in *A Reply to Some Animadversions*, etc., pp. 3 and 7.

⁴ Stanger, op. cit. p. 27.

⁵ *The Case of the Licentiates against the College of Physicians*, p. 11.

'Life is too short [John Gregory writes]¹ for every study that may be deemed ornamental to a physician: it will not even allow time for every study that has some connection with physic.' Some people still chose Oxford and Cambridge:

under an impression that the opportunities of general instruction, the chance of forming profitable connections, the prospect of procuring valuable fellowships, and the privilege of future admission into the College of Physicians, may more than compensate the deficient opportunities of acquiring medical knowledge, and the protracted period of arriving at a doctor's degree.²

But these are social rather than educational advantages, and the test of the English universities as medical schools was a comparison of the number of students graduating annually from them and from Edinburgh.³ 'In fact', Stanger declares stoutly,⁴ 'it has been shown that the licentiates are a numerous body, of the same class, similarly educated, and possessed of the same pretensions with nearly all the physicians in Great Britain.'

As such, they were moving towards the idea of professional solidarity, and Dr Wells, who through his own experiences had lost all faith in the gentlemanly behaviour of the College of Physicians, looked forward to the development of professional honour and etiquette to act as a restraint on the operation of self-interest.⁵

During all this time medical and surgical education in private and hospital schools was making vast strides. The College of Physicians, even more than the Surgeons' Corporation, was a body mainly concerned with examining and administration rather than with teaching. Much of the initiative in both hospital and private schools came from Scots or graduates of Edinburgh.⁶

II. THE SURGEONS

Until 1745 the surgeons had been joined in one company with the barbers. The growing disparity of status between the two crafts was the main reason for the surgeons' seeking a separation, although the expense of offices was a strong secondary grievance.⁷ The constitution adopted for the new Company was that of a City Livery Company, but its policy was to have as little to do with the City of London as possible. The separation was undertaken in haste, and without any clear idea of the scope of the new corporation. It remained attached to the City in order to secure freedom for its members after apprenticeship; yet its Court of Examiners

¹ *Lectures on the Duties and Qualifications of a Physician*, by John Gregory, M.D., F.R.S. (1772), p. 67.

² Stanger, op. cit. pp. 16-17.

³ Cf. University of Edinburgh *Bicentenary Records of the Faculty of Medicine*, 1726-1926, and *Edinburgh University: A Sketch of its Life for 300 Years* (1884).

⁴ Stanger, op. cit. p. 34.

⁵ Wells, op. cit. p. 71.

⁶ See the following section, on the surgeons.

⁷ The expenses of each member were seldom less than £100 before exemption from further services to the Company. See J. F. South, *Memorials of the Craft of Surgery*, p. 270.

no longer insisted on proof of apprenticeship before examination, and in 1746 Lord Erskine gave the legal opinion that surgeons could practise anywhere, even in the City, if examined and approved under the Act of 1511. Another reason for remaining a Livery Company was to be able to levy the fine for disfranchisement when a surgeon obtained a licence from the College of Physicians and began to practice physic. But here again the position was not clear, for in 1785 the counsel Leblanc, in the case of William Osborne, drew attention to a recent decision of the King's Bench that licentiates were not *members* of the College of Physicians, nor was the College a City Company, and stated that 'The College of Physicians has no connection with the City in its corporate capacity nor has the Surgeons' Company'.

The gild structure was constantly cracking under the strain of new professional needs and demands. The Company refused to follow the normal procedure of allowing civic and corporate privileges by patrimony and redemption,¹ thus emancipating themselves from a City custom which might have lowered their standards. Only one man, incidentally, seems ever to have been raised to the Livery, and only those surgeons who were liverymen in the old company are found in the lists of parliamentary voters.² Nor do the new by-laws of 1748 make any mention of a Livery. The most extraordinary oversight was that, by the new Act, the Corporation had no such coercive powers as the old Company had under the 1629 Charter, either to compel apprenticeship or examination, even within the London area. Their position was weaker than ever before.

The greatest change from the old days was the premium put from henceforward on pure surgery. Under the new by-laws no person practising pharmacy or following any other trade or occupation than that of a surgeon was to be chosen as Examiner or for the Court of Assistants *on any pretext*.³ The Company insisted on 'being now of no trade but of the profession of Surgery only'.⁴ This placed the entire control of the corporation in the hands of the hospital surgeons, since all other members

¹ In 1759 Richard Guy, freeman, wished to take his son Melmoth as an apprentice, though he did not know the Latin required by the 1709 by-laws. The Court refused to accept him, and, on his father applying in the King's Bench for a Mandamus, Lord Mansfield confirmed the decision. In 1763 the son of Robert Brooks was refused for the same reason.

² Serjeant Glynn's opinion, 15 November, 1777, was that only these were entitled to vote. The number of surgeons in the livery before the separation has been estimated at 114 (Chevalier, *Observations in Defence of a Bill* (1797)).

³ Complications arose in the case of the Serjeant-Surgeons. By another by-law they were to be granted the diploma of the Company, if they had not got it. They were also to be elected to the Court of Assistants, or as Examiners, and to become Masters at the next vacancy. In 1792 David Dundas, a Surgeon-Apothecary of Richmond, was appointed Serjeant-Surgeon to the King. The Court had to decide between the two by-laws. A decision was taken by ballot and Dundas was not elected to the court. (He did, however, become a member of the Court of Assistants in 1800, an Examiner in 1801, and Master and F.R.C.S. in 1804.)

⁴ *Problems Presented to Counsel*, 1746.

were compelled to practice midwifery and pharmacy in order to get a living. Effective control was in the hands of the Court of Examiners, who were too occupied with their official duties to have time for other activities at the Hall. 'The doctrine that if care was taken of examination, education could take care of itself, thus adopted, persisted almost throughout the nineteenth century', Cecil Wall comments, in his *History of the Surgeons' Company*.

The government of the Company was in the hands of three governors and eighteen assistants, and the Court was to consist of a quorum of two governors and nine assistants: no provision was made for deputy-governors in the absence of the governors.¹ Membership of the Court of Assistants was for life, and out of its members ten examiners were chosen, who also held office for life. Only major financial changes required the sanction of the general body of members; and during the lifetime of the Company only two general meetings were held, one in 1766 raising the quarterage to pay off the debt on the new hall, and one in 1784 reducing it to 10s. again.

In 1746 a reward of 2s. 6d. was instituted for punctuality in attending the Court of Assistants; in 1787 this was raised to 10s. 6d. The same means was applied to ensure attendance at lectures. The inefficiency of the Company extended to all branches of finance. They discovered that the clerk had been embezzling their money. No attempt was made to retrieve it, or to bring action against him; they even paid him £42 for his furniture, which they kept when he resigned and, after his death, his widow appealed for a pension! When in 1796 the new Hall was sold, it fetched a very poor price, and the Company never succeeded in collecting even that amount. Enormous sums were spent on annual dinners for the Court, which were, at least until 1784, heavily subsidized from the Company's funds. Gunning, when he became Master in 1790, attacked this extravagance in his historic *Philippic*.²

In 1753 a by-law³ was published that anyone practising surgery without the company's licence was liable to a fine of £5 per month (despite the fact that the fine for unlicensed practice in the 1511 Act referred to the episcopal licence and not to the Company's examination.) In fact, they were confronted by something which was too strong for them. By an Act of 1749, officers who had been in the services since the accession of George II were allowed to set up freely in any trade without apprenticeship.⁴ Army and navy surgeons ranked as officers. An Act of 1763 extended the exemptions of 1749 to all those serving since that time,

¹ See footnote 2, p. 157 and footnote 2, p. 158.

² In 1790 dinners cost 18s. per head. There were sometimes as many as 25 in one year. 'Strangers and others' were also invited at the Company's expense. In five years £390 had been spent on dinners alone. (Gunning's *Philippic*, or farewell address, printed in full in South's *Memorials of the Craft of Surgery*, Appendix R, p. 382.)

³ Court of Assistants Minutes, 3 May 1753, xxv.

⁴ Another factor in the interesting history of the break-up of the apprenticeship system.

and to their wives and children. Surgeons retiring from the services therefore refused to be examined by the Company; and the counsel Yorke, consulted in 1764, gave the opinion that it would be strange if surgeons who were regarded as good enough for the forces were not good enough for civilians. Sir Fletcher Norton, however, urged that the Company had a right to exact a diploma, since sea surgeons had not been apprenticed, and many of those who retired had only been mates, i.e. learners. Other legal opinions agreed with that of Yorke. When the Company complained that sea surgeons were practising freely without paying fines or quarterage or being bound by the by-laws, their reply was that the Company offered nothing for the great expense involved. This was true, but it was also true that many retired surgeons had never been anything but mates, that is, they had only passed an examination giving evidence of competence to learn under an experienced surgeon. In 1784 there was a further Act (not repealed till 1871) conferring the right on retired soldiers and sailors to practise their calling without the permission of the corporate bodies within whose jurisdiction they happened to be. Legal advice was taken, but in 1786 the legal opinions of Bearcroft and Wilson were that, unless an Act of Parliament was obtained, no one could be fined for carrying on a legal employment. Retired officers continued to practise, and their right was never contested in the courts.

After the separation teaching declined sharply at Surgeons' Hall. For a time there was no building, and the corporation was in a poor financial condition; it had also lost its scanty library. But the decay of teaching had more deep-rooted causes—the stagnation of ideas at the Hall itself, and the preoccupation of the best surgeons with hospital and private schools, which led to their neglecting the Hall even if elected to offices in the Company. Indeed, the rise of the Scottish medical schools, the English hospitals, and private tuition meant that teaching could easily be found elsewhere. Nevertheless, the Company still represented the profession in London, and to some extent all over England, so a good many attempts were made to revive teaching at the Hall.¹ Apart from the other interests of the surgeons chosen to lecture, they were often only elected for one year, and were generally unpaid. Masters and Stewards in Anatomy treated their office as a gild nuisance, for which they preferred to fine. The Company was becoming fossilized; in the provinces, too, the last traces of the small-town companies were vanishing by the middle of the century.

It was the flowering of the hospitals which, more than anything else, led to improvements in medicine and surgery. After the dissolution of

¹ Masters and Stewards in Anatomy were chosen from 1753. In 1755 the appointment of a permanent lecturer in anatomy was suggested, but the proposal came to nothing. In 1763 a Professor of Anatomy was appointed (C. A. Minutes, 9 July) to be elected annually and rewarded with a gold medal. This was sometimes forgotten, e.g. 1772–4. After the revision of the by-laws in 1783 on Okey Belfour's pointing out the illegality of the Professorship, a succession of very able surgeons followed between 1784 and 1787.

the monasteries only St Bartholemew's and St Thomas's, with Bedlam for the insane, were left in London, while the provinces seem to have been devoid of hospitals save for Feckenham and Bellot's mineral water hospital at Bath. Dispensaries, too, were rare till the later seventeenth century. That of the College of Physicians came to an end in the 1720's; but in 1715 the Westminster Charitable Society made another attempt, which succeeded, and led to the formation of a number of dispensaries during the next fifty years. This same association founded in 1719 the infirmary in Petty France, Westminster, which was to become the Westminster Hospital. It was founded on voluntary subscriptions, the poor were admitted free, and the staff was also voluntary.

This type of organization spread, and most of the eighteenth-century hospitals were launched by public subscriptions. In Edinburgh the Royal College of Physicians began to help the poor freely in 1682, and the Royal Infirmary was established in 1729. Hospitals then began to spring up all over the British Isles—Garrison¹ lists six hospitals in London, twenty in the provinces, six in Scotland, and seven in Ireland during this period. St George's was started in 1734 by some members of the Westminster Association, and is a good example of the almost fortuitous way in which hospitals sprang up.² The London Hospital was started in 1740 to meet the needs of the East End, the Middlesex in 1745. The first specialist hospitals—maternity hospitals and those for the insane—were also founded in the middle of the century.

The united hospitals (Bart's and St Thomas's) were teaching early in the century; St Thomas's had students already in 1695. Cheselden and Pott in anatomy, and Pitcairn in medicine, were some of the greatest names of the pre-Hunter period. A tradition of good teaching was handed down from master to pupil, and hospital practices were passed on to the best of them, so that some of the ablest surgeons were free from want.³ The London Hospital began to take students in 1742, and was fully organized as a teaching hospital in 1782. Edinburgh medical school was founded in 1736. Guy's began surgical teaching (which usually preceded medical teaching) in 1769, when it was agreed that all surgeons should lecture from time to time.⁴ But though they soon began to teach, the

¹ J. Fielding Garrison, *An Introduction to the History of Medicine* (1913).

² In 1733 the old Westminster Infirmary had to move because its premises were small and insanitary. A house in Castle Lane, Pimlico, was wanted by the majority; but a minority, consisting of all the physicians and some supporters, wanted Lord Lanesborough's house at Hyde Park Corner, then practically in the country. A split followed, and St George's was born.

³ While there was some decline in ordinary apprenticeship, the most ambitious pupils bound themselves to hospital surgeons or physicians. These bindings became more and more expensive, e.g. in 1789, when Goldwyer Andrews was bound to Blizard, he paid £500.

⁴ A typical education is described in Wilks and Bettany, *A History of Guy's Hospital* (p. 88) and in histories of the Middlesex Hospital—*The Story of the Middlesex Hospital, 1835-1935*, by H. Campbell Thomson, and Sir Erasmus Wilson's *History of the Middlesex Hospital* (1845). At Guy's each surgeon could

hospitals did not examine or licence, except in Scotland, where lectures plus clinical teaching made the universities into the greatest medical schools in the British Isles (probably even in Europe), and also in Dublin, where Trinity College had founded a medical school. In England the universities remained, during the eighteenth century, detached from this movement.

In the early nineteenth century medical education was still a combination of private and hospital teaching, attended voluntarily; it was not until 1815, when the apothecaries made attendances at courses compulsory for their diploma, that the change began. Until 1812 the College of Physicians required only six months hospital practice, though it was customary to walk the wards for twelve months. At first students literally walked round picking up information, later systematic teaching became more usual. By the end of the century the day of a medical student had become a very full one.¹

When hospital teaching first began, it was regarded with suspicion as being less efficient than the old methods, and it was suspected of metamorphosing the country apothecary's apprentice into the city surgeon in a few months.² Inside the hospitals themselves not everyone was in favour of the new methods, as John Hunter found in 1783 when he proposed setting up a medical school at St George's on the lines of that at Guy's. His colleagues opposed him,³ partly because they thought

have four students (apprentices or dressers). Dressers acted as assistants and dealt with the less urgent cases. Hospital pupils were not attached to particular surgeons; they had to produce evidence of having served five years' apprenticeship (at least in the early days) and their fees were pooled. Each surgeon attended the hospital once a week from 11 a.m. to 1.30 p.m., and the pupils followed them, asking questions. Their certificates, on finishing, were signed by all the surgeons. These house-pupils became the house-surgeons of a later age. At the Middlesex Hospital they supervised the work of the apprentices. Before 1766 all pupils at the Hospital had attached themselves to surgeons; in 1766 the first physicians' pupil was admitted, and in the following year the first apothecaries'.

¹ A medical student at Middlesex Hospital began his day with Midwifery from 8 to 9 a.m., then Chemistry 9.30 to 11 a.m. on three days a week and Medicine at the same hours on the other three, 'Walking the hospital' daily 1 to 2 p.m., Anatomy 2 to 4 p.m. with demonstrations at 11 a.m., Physiology 6 to 7.30 p.m., followed by Surgery until 9 p.m. Materia Medica was also taught twice weekly in the evenings, and attendance at Natural Philosophy and the weekly Medical Society was optional.

² Cf., for example, *The State of Surgery... In a Letter from a Gentleman in Town to his Friend in the Country* (1752), 6d., which is one among several complaining pamphlets.

³ This may have been partly due to Hunter's personal unpopularity. He was opposed in trying to get his favourite pupil, Everard Home, elected surgeon, and also in his attempt to stop the practice of pupils' fees being pooled, when some of the surgeons did no teaching. Yet another bone of contention was that the hospital felt Hunter should have lectured to them free. The *Memorial* is quoted in G. C. Peachey's *Memoir of William and John Hunter* (1924), p. 16 ff.

lectures were not so useful as bedside teaching, partly for the reasons stated in a memorial to the governors of 1788:

On the subject of lectures... we must declare our joint opinions, and they are incontrovertible. If they had been practised and contained principles and rules founded upon judgment and experience, with a regard to the authority of others as well as their own, they would have been highly useful; if, on the contrary, they have leaned to physiology and experiment, with a contempt for all other opinions but their own, they would have been pernicious. The good therefore arising from lectures, unless under certain conditions, must be at least problematical.

Important as hospital teaching was becoming, private schools were the rule of the period, and not merely of the eighteenth century but well on into the nineteenth. When J. F. Clarke began his medical studies in 1833 the private schools were (he says) at their zenith.¹ The famous reformer of the Surgeons' Company, Gunning, was not in favour of a school of anatomy at the Hall because it would 'interfere with private courses'. The most famous of the schools were those of Smellie, Cullen, Black, Blizard, MacLaurin and the Great Windmill Street school under Hunter, Baillie, Wilson and Bell. The schools were brilliant, but often short-lived; and while they issued certificates which were of considerable value (Edinburgh accepted the certificates of some London teachers), they had, like the hospitals, no licensing powers.

During the winter season of 1746 there is said to have been five or six lectures given every night in London;² if this is true, we lack the record of most of the schools. One sees a long line of them stretching back into the darkness, some only mentioned in passing by founders of other schools. For instance, when William Hunter went in 1741 to live with Smellie, who was then an apothecary in Pall Mall, he studied anatomy under Dr Frank Nicholls 'the most eminent teacher of that time'; and when Abernethy became assistant surgeon to Bart's on the retirement of Pott, he found that his lectures on anatomy and surgery were not well attended on account of the popularity of Dr Andrew Marshall, who had dissecting rooms in Holborn. William Hunter's famous school was not his own foundation, though he transformed it; he took it over in 1746 from one William Sharpe, who lectured to an elusive Society of Naval Surgeons in Covent Garden. When he became prosperous he had wanted to found a central anatomical school in London. He asked the government for a grant of land, and undertook to spend £700 of his own money on the building, and to found a chair of anatomy in perpetuity. Though Shelburne offered to head a subscription list with 1000 guineas, the proposal was not favourably received, and Hunter, deciding to complete the project alone, built the house and theatre in Great Windmill Street, which was to become so famous. When he died it passed into the hands of Matthew Baillie.

¹ *Autobiographical Recollections of the Medical Profession* (1874).

² *Westminster Journal*, 20 December 1746.

A typical teaching career is that of James Wilson,¹ who lived with Cruikshank for ten years as house-pupil, assistant and then partner. He began teaching anatomy in Cruikshank's dissecting rooms, then later gave courses in his own house in Great Queen Street. In 1807 he bought the Great Windmill Street premises from Baillie for £4000, but it seems to have passed shortly after into the hands of Charles Bell, who in 1811 found it in a decline after the deaths of Baillie and Hunter. Bell used it as a basis for the teaching of anatomy to the Middlesex Hospital. This famous school died out with the rise of London University.

John Hunter, William's even more talented brother, took London by storm when he began to lecture on surgery in 1773. In addition to his lecture courses he took resident pupils; in 1792 in his Leicester Square house he had about five resident students, one of whom was an American.² When in 1790, after nearly twenty years, he gave up teaching, his school was taken over by Everard Home, who had become his assistant at St George's in 1787. The line between private and hospital schools is blurred: the London Hospital took over Blizard's teachers in 1768; and, as we have seen, the Great Windmill Street school became almost an annexe of Middlesex Hospital. There was some competition, though not as much as one would have expected, between private and hospital teaching, especially when the teachers were one and the same.

Private enterprise was not confined to teaching, it led to the formation of anatomical and other collections, and to the founding of botany gardens. John Hunter's great collection, which finally passed to the Royal College of Surgeons, is the best known of the private collections, and both Fothergill and Cruikshank had private botany gardens, though Kew had been established in 1730.

Medical and surgical societies were also an eighteenth-century growth. The earliest were merely committees collecting papers for publication, and some (like the Edinburgh Society, founded in 1731) seem to have remained at that level. Most societies were informal and short-lived at first, being centred round prominent personalities; the best known of these was that of Fothergill, the Medical Society (of Physicians), which began about 1752. Towards the end of the century, if they survived, the societies began to take on a more formal character, and generally became permanent. Scotland was in advance of England, and as early as 1734 that informal group began in Edinburgh which was to become the Royal Medical Society. Of the more formal societies in London the oldest is probably Lettsom's Medical Society (of London), founded in 1773, which was founded to bring together physicians, apothecaries and surgeons, all to be properly qualified, and to exclude proprietors of *nostrums*. The combination of high standards and the desire to bring together the three kinds of medical men betrays the dissenter and the product of Scotland;

¹ Pettigrew, *Lives of British Physicians*; James Wilson, F.R.S., 1765-1821.

² Americans had to come to Britain to take their M.D. They revered Edinburgh, and the products of Edinburgh, as earlier generations had revered Leyden.

and, indeed, Lettson was, like Fothergill, one of the Quaker doctors. His society amalgamated with another called the Westminster Society, which sprang out of the Great Windmill Street school and numbered 1000 members by 1824. A split led to the formation of the Medical and Chirurgical Society, which later became the Royal Society of Medicine. Two other societies, at least, in Scotland date from the eighteenth century—the Harveian, in Edinburgh, founded in 1782, and the Medical-Chirurgical, in Aberdeen, founded in 1789. The importance of these societies in improving the status and ethics of the profession cannot be overestimated.

There was a general agreement by the end of the eighteenth century that the position of the Surgeon's Company needed reconsidering; it is surprising, in fact, that it lasted so long in such an ambiguous situation. In October 1796 a decision was taken to apply to Parliament for permission to revise the by-laws (mainly on account of the restricted license to hold freehold estates in mortmain), and a committee was appointed to go into the matter.¹ The general body of the members knew nothing of the project until the report of the parliamentary proceedings appeared in the press. This, and the sale of the Hall in the same year without general consultation,² caused much adverse comment, which emerged, as usual, in the form of pamphlets.³ On 5 January 1797, the first draft Bill was laid before the Court. This suggested that the Company should become a College, with a constitution similar to that of the Royal College of Physicians. By 10 April the Bill had gone rapidly through two readings and was sent to the Lords, who approved it with a minor proviso. The third reading was fixed for 19 May.

Meanwhile, two events had occurred. On 8 May an opposition meeting was held at the Crown and Anchor Tavern in the Strand by a Surgeons' Committee, which, like the Associated Apothecaries, had been set up to protect the interests of the general body of members.

¹ Court of Assistants Minutes, 6 October 1796.

² The reason for the sale was that the lease had only 55 years to run, and repairs costing £1600 were necessary. The Court of Assistants was informed by the Examiners that they had decided to sell and build a new Hall on a freehold site: they had taken private action and advertised it for sale on May 27th. This was *ultra vires*, but the Court confirmed the action although both Wardens were absent and therefore no quorum existed. It is interesting that the problem of transferring property without a general meeting was again tested as late as 1892, and still remained doubtful (cf. *Lancet*, 30 January 1892, p. 285; *Brit. Med. J.* same date, pp. 253 and 468).

³ On the side of the Corporation, for example: *Observations in Defence of a Bill...*, by Thomas Chevalier (1797); *A Dressing for Lord Thurlow* (1797), Anon., but probably by John Birch, Surgeon to St Thomas's and Member of the Court of Assistants; *An Address to the Members of the Corporation of Surgeons* (1798), Anon. From the opposition: *Reflections on the Surgeons' Bill...*, by John Ring (1798); *A Second Address...*, by John Mason Good (1798); *Medical and Chirurgical Reform...*, by T. Champney, who styles himself, 'Practitioner of Surgery, Pharmacy and Midwifery in London'; *Remarks on the Bill...* (n.d.), and *Remarks on Chevalier's Defence of a Bill...* (also n.d.), both probably by John Ring.

A petition signed by 178 of them was sent, on 12 May, asking to be heard by themselves or Counsel against the Bill. Then, after several adjournments, Lord Thurlow bitterly attacked the Bill, and moved that it be read again a third time in three months.¹ With the failure of this Bill something had to be done quickly since Vicary Gibbs, consulted in 1797, had stated that the election of officers in the previous year was so illegal that the Company would be unwise to collect quarterage or to fill vacancies.² All transactions since 1796 were illegal, and if the Company were not dissolved the authority of the Court would be at an end. A committee of the Company set up to consider procedure had discussions with the Surgeons' Committee, at the request of the latter. The suggestions of the Surgeons' Committee show how far the two halves of the Company had drifted apart: they wanted a large governing council; three committees to examine in surgery, midwifery and army medicine respectively; election of officers annually by ballot; auditors to be elected annually, partly from the Court and partly from the rest of the Company; four quarterly general courts; the College to examine the whole of England and Wales; more lectures; accommodation for private dissection; abolition of the disqualifying by-law about midwifery and pharmacy; and various improvements in the museum and in publications. Of these suggestions all were rejected except that about the auditors (subject to future regulations) and some points about the museum and publications.

In January 1798 a second Bill was drawn up by the drafting committee by which the Company was to remain more or less as it stood under the Act of George II, with the notable exception that no one in England or Wales should be able to bring an action for recovery of fees except a member of the College of Surgeons.³ This failed to pass Committee, and the Court at last began to realize that members had power to prevent the passing of any Bill of which they did not approve. The only alternative was the dissolution of the Company, and a charter; otherwise the Act of 1745 could only be overridden by another Act of Parliament. On 5 February a member whose name is not recorded suggested a charter. Legal opinion was taken, and pronounced that if the charter were framed so as to include only those accepting it, the refusal of any number of members to join would not affect the right of the Crown to grant the property. Persons not joining could not take action on grounds of previous illegalities; those joining would have no grounds for complaint.

It was decided to adopt this course of action. The charter passed the

¹ The full speech can conveniently be read in *The Lancet*, xi, 679, February 1827. Thurlow is said to have had a personal dislike for Gunning.

² Illegalities had begun as early as 1761 when an election was held without a quorum being present. The illegal Court confirming the sale of the Hall has been already mentioned; the next Court following it (election day, 7 July 1796) was also illegal, since only the master and seventeen assistants were present, yet the election was held.

³ This did not at once become effective because those already practising and retired officers under the Acts 3 and 24 George II were exempted. Its importance was in the long run.

Great Seal on 22 March 1800. It was substantially the same in content as the second Bill. The Company was reinstated in its former position on condition of resigning its municipal privileges, thereby clearing up some anomalies. The titles 'master and governors' were retained, and only changed in 1821 to 'president and vice-presidents' when a supplementary charter was obtained from George IV. Permission to use the title 'Royal' had already been granted when the first Bill was applied for. It was not until 1843 that a charter of Queen Victoria changed the title to the Royal College of Surgeons of *England* with its present-day constitution of president, vice-president, council, fellows and members. Meanwhile the first meeting of the Royal College of Surgeons of London was held on 10 April 1800. Not one of the demands or objections of the opposition had been met.

III. THE APOTHECARIES

The apothecaries were originally united in one Company with the grocers, who were importers of drugs and spices. They do not become a factor in the history of medicine until their charter as a separate Company in 1617. At that time they were compounders and dispensers of medicine, and the stigma of 'tradesmen' clung to them long after the sale of drugs had ceased to be the main function of the individual apothecary, though not of the Company.¹

In London during the seventeenth century the apothecaries multiplied at an alarming rate. It was said that:²

...the shops of Medicines are increas'd to fill the Town...you have eight or ten in some Streets, three or four in every one, and no Alley or Passage without the painted Pot...

But by no means all those who called themselves apothecaries belonged to the Company, and the marked increase in numbers was mainly among the unregulated. Thus the plan of some of the physicians to have the numbers of the apothecaries limited, as was the practice in some parts of the continent, would have certainly failed.

In the same period there was a great outcry about the exorbitant charges of the apothecaries, and in this complaint the physicians were joined by the public, who knew that they were being charged far more than the value of the drugs supplied. For increasingly throughout the seventeenth century the apothecaries were beginning to give advice and

¹ It was not until 1922 that the Society severed its connexions with trade. Early in Queen Anne's reign they began to supply drugs to the Navy, and later had contracts with the East India Company, the Army and the Crown Colonies. This side of the Company's business caused much criticism. They were accused of being a monopoly, of taking excessive profits, of having several different price levels for the same drugs, and of neglecting the regulation of their members in order to pursue commerce. See, for example, T. Champney, *Review of the Healing Art...* (1797), p. 77 ff.

² Dr Pitt's *Antidote*, p. 104; compare also *Dispensarians are Patriots* (Anon.) (1708), and *The State of Physic in London* (1698), p. 11.

to supply drugs without the advice of a physician. And to understand the high charges, which were sometimes quite fantastic, if contemporary accounts can be believed,¹ one must remember that the apothecary was allowed by law neither to prescribe nor to charge for his advice and attendance. The ban on charging for attendance continued even after Rose's case in 1703 gave the apothecary a legal right to prescribe and to attend patients. It was not abolished until the Apothecaries' Act of 1815, and throughout the eighteenth century it reacted unfavourably on the progress of medicine and the status of the apothecaries. It may have led to that trust in medicines which is still all too prevalent, for it was not in the apothecary's interest to prescribe anything but a great quantity of drugs.

The apothecaries themselves claimed to have practised as doctors since the late sixteenth century. It was not, however, till after the Civil War that the physicians became seriously alarmed. The status of the apothecary was rising, and the education at Apothecaries' Hall, though not strictly medical,² was fair by the standards of the times. Also many of the physicians of the seventeenth century were, despite their university qualifications, very ignorant of physic; thus there was not necessarily any real gulf of knowledge between the average physician and the apothecary, and this made the latter a dangerous competitor.

The apothecaries seem to have been mainly sons of small shopkeepers, yeomen and respectable craftsmen. In towns the practising apothecary was of low status; but in the country, where he was usually the only doctor, he was sometimes a man of good family who had qualified in the cheapest and most useful way; there he might take his position according to his family rather than according to his occupation.³ But the average apothecary did not come of a good or wealthy family; indeed, the profession was one way for the lowest classes to climb. A *Dialogue concerning the Practice of Physic*, written in 1735, describes the process:

But now there is not a poor Peasant or Mechanick, but if he has two Sons, one of them must be a *Doctor*, as they call them, with a vengeance, though it were in Spight of both Nature and Education... they place a raw unlettered Lad for two or three years under the Care of some Apothecary, who probably does not know a great deal more than his Apprentices...

Yet by 1700 middle-class people of substance were beginning to consider it as a career; the great dispensary pamphleteer, Dr Pitt, felt obliged to

¹ In 1670 Dr Gideon Harvey, Physician in Ordinary to the King, published a book called *The House Apothecary*, in which he said: 'I have known an apothecary's bill so extravagant, that the sum at the bottom of his account amounted to fifty pounds in thirty days, when the ingredients of the whole course could not be computed to stand him in forty shillings.' See also *Dispensarians are Patriots*... (1708), and *Self Conviction*... (1670).

² See Cecil Wall's *History of the Apothecaries' Company*, *Tentamen Medicinale* (1704), and *Reasons Why the Apothecary may be supposed to understand the Administration of Medicines* (1704).

³ Yet a country apothecary was still not a 'proper' doctor; cf., as late as Jane Austen's time, the apothecary in *Emma*.

write to his friends urging them not to bring up their sons as apothecaries; while one of the pamphlets written in the 1720's on behalf of the apothecaries speaks of:¹

Members of their Society, which chiefly consists of those that have been the Sons of the Reverend the Clergy, and of Gentlemen.

The small amount of money required to become an apothecary, the small apprenticeship fee, and the low rates for the purchase of stock were attractive to needy gentry and to respectable but poor middle class families. Added to this was the chance of rising in the world, and purchasing an estate, or of buying an M.D. and setting up as a doctor later in life.²

Towards the end of the seventeenth century the quarrel between the physicians (who lived mainly in London, Oxford, Cambridge and the fashionable resorts) and the apothecaries, who were spreading rapidly all over the country, came to a climax in the famous dispensary dispute. This began to rage soon after the Restoration, both physicians and apothecaries agreeing that the turning-point in the development of the practising apothecary was the Great Plague of 1666,³ when the apothecaries stayed in London to nurse the sick, while the physicians moved to the country. But here agreement ceases, the apothecaries boasting that they stayed heroically to nurse the sick and dying, the physicians declaring that it was to steal their practice, and also because (being base-born and owning no estates or landed relatives) the apothecaries had nowhere else to go!

The fact remains that at the end of the Plague many a returning physician was forced to rebuild his practice through the local apothecary's contacts, and young physicians beginning their career found themselves equally dependent.⁴ This position was still common at the end of the eighteenth century. Dr Wells, in his *Letter to Lord Kenyon*,⁵ comparing law and medicine, says that physicians are notorious in that:

Many of them at present cultivate the acquaintance of apothecaries, in ways very disreputable to a gentleman... In what estimation would a barrister be held, who should give frequent costly dinners to attornies?...

¹ *Reasons Humbly Offered against the Bill for the better...examining Drugs...*, p. 4.

² *Fair Play for One's Life* (n.d. but probably 1708), says that 'there are eight or ten Apothecaries gain their fifteen hundred or two thousand Pounds a Year' (p. 4). See also *A Short View of the Frauds...*

³ References to this occur in many of the pamphlets of the period. *A Short View...* describes the process by which the practising apothecary grew up. At first he merely mixed medicines in his shop and sent them to his patients; then he was asked to report on the patient's condition to the doctor; then he was taken along and observed the treatment. But till the last ten years the apothecary had kept in bounds.

⁴ *The Frauds and Villainies of the Common Practice of Physick...*, Dr Pitt (1705), p. 60; *The Antidote* (1704); *Free Play for One's Life* (n.d. but about 1708), shows how puzzled and annoyed the physicians were by the whole phenomenon; see also *Observations upon the Case of William Rose...* (1704), *The Censor Censur'd* (1704), and *The Crafts and Frauds of Physick* (3rd ed. 1703).

⁵ 1799, pp. 83-5.

The College of Physicians decided that action must be taken, and it was partly for this reason that the idea of a dispensary became popular.¹ On 28 July 1687, by a unanimous vote of the College, it was agreed that physicians should give advice free to the sick poor 'when desired'; on 12 August 1688, an order was made that a laboratory should be fitted up to prepare medicines for the poor. The physicians also planned to get 'several honest apothecaries' to furnish medicines cheaply to the poor; some agreed, but the Apothecaries' Company is alleged to have threatened them, and charged them with breach of their oaths 'as if their Oath obliged them, not to do anything charitably'. The College then suggested that the Master and Wardens of the Apothecaries might price drugs annually, and bring the list to the College for approbation. This they also opposed. Finally, in December 1696, the physicians by a great majority approved the idea that they themselves should provide medicines by subscription. The apothecaries continued to protest and to say that they would themselves give medicines to the poor at cost price or even free. These were the opening moves of a battle which was to last for many years.

In the course of the century the movement spread and did much to relieve the sick poor; but the actual number of dispensaries set up by the physicians was too small, nor was it possible to supply such a quantity of drugs cheaply. The casual philanthropy of the age did not lead enough physicians to devote personal attention to the enterprise; and the demand by all but the very richest households for the services of the apothecary or surgeon-apothecary was too great to be resisted. Jacob Bell, in his *Historical Sketch of Pharmacy in Great Britain* (1842), says that the College of Physicians did not continue to superintend its dispensaries personally, and traces the origin of the modern chemist and druggist to the physicians' assistants.

The pamphlets of the dispensary dispute are a mirror of contemporary ideas on medicine and social life. Pamphleteers on the College side ignore the changing structure of society. When the apothecaries point out that the poor cannot afford a physician's fee, they reply that they will naturally attend without payment the servants of the gentry,² and one of their arguments in favour of dispensaries is that they will make it easier for the gentry to be charitable to their dependents.³ That is to say, the pamphleteers of the College still saw society as consisting of two classes—the gentry and their servants; they ignored the rapidly increasing middle-class and independent artisan population. The apothecaries, on the other hand, were convinced that cheaper doctors should be provided for the

¹ *A Short Account of the Proceedings of the College of Physicians...* (1697), pp. 2, 5, 5-6, 7-9, 9-10.

² *Observations upon the Case of William Rose...*, p. 26; and *The Case of the College of Physicians...*, Fran. Brown, n.d. (1703?).

³ E.g. *The Crafts and Frauds of Physic Exposed...* (1703). If you support the Dispensaries 'your Charity to your Servants in their sickness will be light and pleasing to you'.

ordinary people, and also that those doctors must be products of a different kind of education. While the physicians continued to hold that a man could not be a doctor without a university education and a knowledge of the classics, the arts and philosophy,¹ the apothecaries felt all this to be irrelevant to the practice of medicine. Physicians (they thought) led a gay life at the universities at their most impressionable age;² sometimes when drunk they would prescribe such medicines that the worthy and sober apothecary had to alter the prescription the following morning.³ This type of education produced men of fashion and learning but not good practical doctors, 'for a Man is not a better Physician, for knowing more than his Profession requires he should know',⁴ the apothecary was generally the product of a Grammar School, where he learned enough Latin to read and write prescriptions. There was no need for him to read the medical classics, which were out of date, and could be had in excellent translations.⁵ At *his* most impressionable age he was apprenticed to honest toil, and subsequently learned in the school of practice rather than of theory.

In 1703 occurred the Rose case, a great turning-point in the history of the apothecaries. A butcher, John Seale, sent to an apothecary, William Rose, for medicines. Rose gave him free advice, since he was not licensed by the College of Physicians, but charged for his drugs. After a year's treatment, Seale found himself no better and with a bill for £50, whereupon he went to a physician, who he declared had cured him in six weeks for the sum of forty shillings. The College of Physicians decided to make an example of Rose, and prosecuted him for the unlicensed practice of medicine within seven miles of London. The case was taken by the apothecaries to the Queen's Bench, which decided unanimously in favour of the College; the apothecaries then appealed, and the decision was reversed by the House of Lords. This marks the birth of the practising apothecary, the ancestor of the 'G.P.' Henceforth he might legally attend the sick, and prescribe for them, but he was still not allowed to charge for his advice.

In the course of this dispute, a large number of pamphlets were written. The case of the apothecaries was that it was *customary* to give medicines in simple cases without a fee and without consulting a physician; that

¹ *A Short View of the Frauds and Abuses Committed by Apothecaries*, by Christopher Merrett, M.D. (1669). *Necessity and Usefulness of the Dispensaries*... (1702). Thomas Brown, in his *Physic Lies a Bleeding*... (1697), wrote scornfully that a regular doctor's education costs £1000, a surgeon's £120 or more, and an Apothecary's or Chemist's £50 or more (words of *Trueman* in the Dialogue).

² *The Censor Censur'd*... (1704), pp. 69-70.

³ *Medice Cura Teipsum, or the Apothecaries' Plea*. From a real well-wisher to both Societies (1671).

⁴ *Pharmacopola Justificati, or Apothecaries Vindicated from the Imputation of Ignorance*... (1724), p. 26. See also *Reasons why the Apothecary may be supposed to understand*... (1704).

⁵ *Pharmacopola Justificati*... (1724), pp. 18, 19, 24: 'I believe that a Man who can read no Language but *English*, may make as good and serviceable a *Physician* in *England*, as he who has all the learned ones at his Tongue's End.'

the physician's monopoly of practice would oppress everyone, rich and poor, who would have to pay a physician's fee for the slightest ailment; and, finally, that a legal prohibition of prescription would make the apothecary fear to prescribe even when the case was urgent. To this the physicians replied that there was no custom for any irregulars to prescribe. They themselves attended the poor free, and had set up dispensaries; in cases of urgency a physician could get to the patient as quickly as an apothecary; and it might be dangerous for an uneducated person to prescribe, since serious illnesses often began with slight symptoms. They declared that the real reason why apothecaries wanted leave to practice in slight cases was¹:

That under that pretence they may slide themselves into Practice in *all*; which if permitted, would soon discourage the Faculty of Physick throughout the Kingdom, deprive the Gentry of one of the Professions by which their Younger Sons might honourably subsist, and be a great detriment to the Universities.

Another obstacle to the development of the apothecaries as a profession was the ancient Right of Search. The Censors of the College of Physicians had the right to search apothecaries' shops and to destroy bad drugs. This right, which seems to have fallen into abeyance towards the end of the seventeenth century, was revived in the general campaign against the apothecaries. By the Act of 32 Henry VIII and by 'ancient custom' the wardens of the Apothecaries' Company had to be called in² before any medicines could actually be destroyed. But in 1723 the College of Physicians brought forward a new Act (10 Geo. I, c. 22) by which, though the Company's Wardens could be present, they were given no powers.³ As relations between apothecaries and physicians deteriorated, it became very irksome that there was no appeal from the decision of the Censors,⁴ and it was feared that the shops of practising apothecaries would be particularly liable to search. That this fear was not unjustified became clear during the notorious Goodwin case.⁵ The dispute about the right of search extended over about twenty years, and produced pamphlets ranging from advanced proposals for reform to satirical petitions purporting to be from undertakers interested in the supply of corpses.⁶ It is

¹ *The Case of the College of Physicians...* Fran. Brown (n.d.).

² *Reasons for the Wardens of the Apothecaries being joined with the Censors of the College, In the Viewing, Judging, and Destroying of Defective and Corrupted Drugs and Medicines...*

³ *Instructions for Amendments to the Bill for Viewing Medicines...*

⁴ Cf., for example, *The Case of the Apothecaries...*; *Reasons humbly offered against part of the Bill for the better viewing...*, etc.; *Reasons humbly offered against continueing the Act...*

⁵ This is described in Jacob Bell's *Historical Sketch of Pharmacy in Great Britain* (1842), pp. 21-2; and in various pamphlets, including the *Case of James Goodwin, Chemist and Apothecary...* (1727); and *Reasons Against the Bill, for Viewing, Searching and Examining...*

⁶ *Reasons humbly offered by the Company Exercising the Trade and Mystery of Upholders, against part of the Bill...* (1724). This satire begs that the apothecaries may be allowed to go on giving medicines as before, since the Bill would keep them out of possession of bodies for long periods, etc. This was a common joke, cf. *The Apothecary Displayed...* (1748).

during this dispute that the views of the druggists begin to be heard for the first time, though they are still not generally recognized. Several of the pamphlets on the Bill for Searching are by druggists;¹ and one physician² contrasts the modesty and honesty of the druggists with the greed of the apothecaries:

Few Chemists and Druggists...build themselves fine Houses, purchase Country Seats, and have large Sums out at Interest, or ride about in their Chariots; and yet the honest Apothecary can do all this in five or six years time. The pamphlets expose very clearly the main difficulties connected with regulation and improvement. The jurisdiction of the Apothecaries' Company extended only seven miles round London, and within that area covered only its own members.³ An apothecary like Goodwin could achieve a large business and an excellent reputation without being a member of the Company. Next, the pamphlets illustrate the difference between metropolitan and country standards of education and regulation. Two pamphlets refer to York and Bristol⁴ as sources of bad drugs; these towns were untouched by the London Act for searching, and remained outside the jurisdiction of the London apothecaries until the Act of 1815. Lastly, there is no doubt that, despite the disclaimers of the London apothecaries, it was an age of adulteration and bad drugs.

Another medieval chain which the apothecaries were anxious to break was their obligation, as freemen of the City of London, to perform 'Watch and Ward'. They wished not only to be exempt from personal attendance, but also from having to pay a fine or send a substitute; they argue⁵ that lawyers, physicians and surgeons are excused by law; that 'Watch and Ward' should be the job of tradesmen who can leave their work safely to subordinates; and that the apothecaries need exemption even more than the physicians, for they must visit the sick at all hours. They will not be satisfied by being allowed to send deputies; it is an expensive proceeding, and no other *profession* has to do it.

By the mid-eighteenth century, the majority of town apothecaries and practically all those in the country attended patients, at first for slight and then for more serious ailments, sometimes calling in a physician

¹ *Reasons against the Bill, for Viewing, Searching and Examining of all Drugs...* (1731), pp. 5, 6, 10 and 12, and *Reasons Humbly Offered Against Part of the Bill...*

² In *The Apothecary Display'd*.

³ 'Everyone, who is not in the profession, believes, that the Society of Apothecaries...can compel the unqualified to renounce their pretensions but, it is not so' (Kerrison, *Observations and Reflections* (1815)). 'As to the apothecary in England, any person that chooses may assume the title, and prescribe either in town or country' (Champney's *Review of the Healing Art* (1797), p. 123).

⁴ *Reasons Humbly Offered against part of the Bill, and REASONS humbly offer'd by the Company Exercising the Trade and Mystery of Upholders...* which says, 'We are afraid that by the Hardships of this Bill our Company would be reduced to leave their Business here, and practise at York and Bristol, where the free Use of bad Medicines will still be allowed' (pp. 5-6).

⁵ E.g. *Reasons on Behalf of the Apothecaries Bill* (i.e. for Exemption from Watch and Ward, etc.), *Reasons Humbly offered to the Most Honourable House of Commons, and The Apothecaries' Reply to the City's Printed Reasons against Their Bill*.

(where one was available) in dangerous cases.¹ Despite the limitations of the London Company² the social and educational level of the apothecary improved steadily, and as the century wore on it became almost the rule for an intending physician to be apprenticed to an apothecary. This was an argument in favour of the Apothecaries' Act of 1815: the level of the apothecary's education must be raised, since physicians would be apprenticed to him. A new type was now springing up, the surgeon-apothecary, the *bête-noire* of the 'pure' surgeon—the useful all-round man who took the licence of the Surgeons' Company and practised as an apothecary—the type which in 1815 Kerrison called 'the most numerous part of the Profession in Town and Country'.

But the apothecaries' status was still far from satisfactory. Towards the end of the eighteenth century, as they became more conscious of their unity as a profession, and of the need to clarify their position, they decided to work for an Act of Parliament to regulate the profession. In 1794 a society was formed, called *The General Pharmaceutical Association of Great Britain*, to urge Parliament to regulate the profession, and to collect evidence.³ Its history is rather obscure; Champney says that it was badly managed,⁴ and it seems to have had only a very short life. But its questionnaire about the state of the medical profession in the uncontrolled parts of the country was greeted with enthusiasm, and a mass of evidence was collected.⁵

The Committee, by clarifying the grievances and discontents of the profession, helped to lay the foundations of the 1815 Act. The two main problems were the defective education of the apothecary—both from the point of view of apprenticeship and of examination—and the competition of the prescribing druggist; lack of regulation was the cause of both. The Committee drew up the following list of principles on which to work:

That only apothecaries should make up prescriptions, or people would not waste time and money on apprenticeship.

¹ By the latter part of the century this was being generally commented on. 'Let the case be what it may' (writes the author of *Free Thoughts* in 1773) 'Apothecaries have got physic principally into their own hands: this is evidently the case, especially in the country, where the Physician seldom visits any but such as are in opulent circumstances; the poor, alas, scarce ever! It is much the same in London (allowance being made for those that are in hospitals); so that Apothecaries have by far the greatest number of patients under their own care.' And John Mason Good, in his *History of Medicine* (1795), urges the necessity for regulating the profession, because 'In this city, where a physician attends one patient, an apothecary attends twenty; and in the country this proportion is more than doubled. . . . Huts, hovels, and cottages, which, throughout the whole country, but more especially in large manufacturing towns, inclose such infinite numbers of human beings, and feed . . . diseases of the most infectious and fatal tendency, compose almost exclusively the walk of the apothecary. To him is likewise allotted the care of nearly all prisons and poor-houses.'

² The rise and disappearance of the small town companies is a subject which needs further study.

³ Cf. J. M. Good, *A History of Medicine*, p. 149 ff.

⁴ *A Review of the Healing Art* (1797), pp. 124-5.

⁵ Cf. Letters sent to the Apothecaries' Committee, Collection C.

That all apprentices should have an approved education.

That no one should become an assistant without an examination.

That no one should be allowed to practise without five years' apprenticeship and an examination.

That a competent court should be set up to make by-laws and regulations.

A petition to Parliament, which should have been presented by Sir William Dolben, was, however, postponed, and from this time the activities of the Pharmaceutical Association, except for the publication of pamphlets, fade into obscurity.

The agitation was revived in about 1812,¹ and another group, called *The Associated Apothecaries*, was formed for the promotion of a Bill. A general meeting of apothecaries and surgeon-apothecaries was convened in London in 1813, which was supported by many members of the Apothecaries' Society, though not officially.² The leaders of the new movement were A. T. Thompson and R. M. Kerrison, who both later became physicians. Their original design was a Bill covering the following points:

- (1) An examining body for apothecaries, surgeon-apothecaries, midwives, chemists, etc.
- (2) Prohibition of practice by the uneducated.
- (3) Power to license.
- (4) Regulation of apprenticeship.
- (5) The foundation of a school.

But many of these points were opposed by the physicians, surgeons or druggists, and a draft of the suggested Bill drawn up in September 1813 and sent to the Royal College of Surgeons was already far less ambitious. This draft suggests:

- (1) Five years' apprenticeship, and an examination—not to be taken till the candidate is at least 21 years old, and to include medicine and pharmacy.
- (2) Surgeons to hold either the Diploma of the Royal College of Surgeons or the Society of Apothecaries.
- (3) Full Surgeons to the Army and Navy only to be examined after their service.
- (4) Females to be examined (i.e. midwives).
- (5) Assistants to have some sort of apprenticeship.
- (6) Apprenticeship indentures to have a £25 stamp.

Finally, nothing was to prejudice the privileges of the two Royal Colleges.

Of the three opposing bodies the chemists and druggists were the most active, since they were the most alarmed. They did not withdraw their opposition to the Bill until after 17 March 1815, when the Committee of

¹ Jacob Bell, *An Historical Sketch of Pharmacy* (1842), p. 46 ff.

² *An Enquiry into the Present State...*, R. M. Kerrison (1814), p. 76. The Company was not hostile, but anxious about the attitude of the College of Physicians. See also *Observations and Reflections on the Bill...*, Kerrison (1815), p. 5.

the Apothecaries' Society (which had now taken over the negotiations for the Bill) drew up a clause exempting them from its operations. Opposition was formally withdrawn at their meeting on 11 August. Similarly the apothecaries were forced to abandon the idea of a medical school because the College of Surgeons considered it prejudicial; and also the idea of uniting the different heads of present bodies with apothecaries and surgeon-apothecaries as a superintending body, which was objected to by the College of Physicians. When they abandoned the idea of the formation of a fourth medical body, the physicians withdrew their opposition.

There was a great deal of dissension among the apothecaries themselves as to whether these concessions should be made,¹ but there seems little doubt that a stronger Bill would have been opposed by the powerful Colleges, and it therefore passed in a more restricted form.

Thus the apothecaries gained their second charter. Far below the original hopes of the committee, and in many ways highly unsatisfactory, it yet laid the foundations on which the nineteenth-century G.P. could develop professional education and status. The apothecary remained an inferior order of medical practitioner—he was not allowed, for example, to refuse to mix medicines if requested to do so by a physician² (it was the last blow of the College!)—but he *was* a medical practitioner, with right to charge fees for attendance, and a right to recover those fees at law *if licensed*.³ This latter provision undid some of the harm caused by the imperfect control given to the Apothecaries' Company by the Act, which, while extending their jurisdiction to the whole country, again gave them control only over their own members.

In spite of its obvious defects the Act did an immense amount of good, but it left many serious problems to the later part of the nineteenth century; a large number of irregulars, for example, remained untouched for decades; and there was the new problem of the chemists and druggists, who now claimed the right to offer advice in simple cases, urging that they would lose caste if they were unable to give it. This is an amusing echo of the claims of the apothecary of a hundred years earlier; but the claims of the chemists and druggists fell, if not on more reasonable ears, at least upon ears which could not afford to be so deaf. The final solution to this series of boxes within boxes was not that the chemists and druggists became a still inferior caste of medical practitioner, but that with the development of many new professions, they discovered that it was possible by education and organization to acquire a professional status of their own, without having to prescribe in order to avoid the stigma of 'tradesman.' The natural and customary habit of asking advice from one's chemist in simple cases, indeed, shows no signs of dying out. For some time, however, the existence of the unregulated chemists and druggists was a menace. Evidence was produced before a Parliamentary Committee

¹ Cf. the Introductory Essay to the *Transactions of the Associated Apothecaries*, p. lviii.

² § 5 of the Act.

³ § 21 of the Act.

in 1836¹ that many unqualified persons were still practising, and that there had been no prosecutions of chemists who habitually prescribed since there was no means of finding out whether they did or not.

Gray, in his *Supplement to the Pharmacopeia*, comments as follows:

This Act has had the singular fortune of being violently opposed, as insufficient, by those who were its original promoters; of being esteemed a burden by many of those whom it was meant to benefit; and of being looked upon with indifference by those against whom it was intended to act; since the Act was altered and restricted to those who practise as *Apothecaries*, with an express declaration that it did not extend to the Chemists and Druggists, whose shops are in general confounded with those of the Apothecaries, and whose business differs in no otherwise than that with the dispensing Physician or modern Apothecary medical practice is the principal object, retail and dispensing the secondary; while, with the Chemist and Druggist, or old Apothecary, retail and dispensing are principal, and medical practice mostly confined to the counter, or to a few personal acquaintances; *a fortiori*, the midwives, herbalists, cuppers, barbers, electricians, galvanizers, dentists, farriers, veterinary surgeons, village wisemen, and cow-leeches, are left in full possession of their ancient practice, and may be consulted by those who place confidence in them, as they cannot be confounded with Apothecaries, though the Chemist and Druggist may.

Fortunately, the Act was not final; general education and the spread of information have gradually wiped out most of that wonderful collection which Gray describes.

Meanwhile, the Apothecaries' Society, with its new powers, tided the general practitioner over until the Medical Act of 1886, which was to demand evidence of qualification in medicine, surgery and midwifery before admission to the Medical Register, and thus put an official end to the age-old split between medicine and surgery. In 1886 the two Royal Colleges agreed to act together in granting the combined diploma of L.R.C.P. and M.R.C.S. and at the same time the Society of Apothecaries was given permission to grant a registrable diploma with full privileges on the basis of an examination in the three required subjects. But by that time the most valuable part of its work on behalf of the general practitioner had been done, and it has slipped into the background of medical history.

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¹ Nussey's evidence, 9 June 1836. See also Bell, *op. cit.* p. 79, and the *Lancet*, 30 October 1841, for the failure to obtain legal redress.